

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050276

FILED
Apr 19, 2004
Secretary of State

Entity Name: LENS CENTRAL, LLC

Current Principal Place of Business:

PO BOX 802424
AVENTURA, FL 33280 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 802424
AVENTURA, FL 33280 US

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOGOCIO, RICO
804 DOUGLAS ROAD
SUITE 375
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

SOGOCIO, RICO
9425 BYRON AVENUE
SUITE 100
SURFSIDE, FL 33154 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RICO SOGOCIO

04/19/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SORDJAN, PETER
Address: PO BOX 802424
City-St-Zip: AVENTURA, FL 33280 US

Title: MGRM () Delete
Name: POP, ADRIAN V
Address: 1715 W. FLOWER AVENUE
City-St-Zip: FULLERTON, CA 92833

Title: MGRM () Delete
Name: SOGOCIO, RICO
Address: 9425 BYRON
City-St-Zip: SURFSIDE, FL 33154

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: SOGOCIO, RICO
Address: 9425 BYRON, SUITE 100
City-St-Zip: SURFSIDE, FL 33154

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RICO SOGOCIO

MGRM

04/19/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date